

State of Minnesota

District Court

County _____

Judicial District: _____
Court File Number: _____
Case Type: _____

In Re the Marriage of:

Petitioner

and

Request for Transcript

Respondent

Intervenor

TO: Court Administration

I, _____, request a transcript of the hearing
(Your Name)
held on _____, before the Honorable _____
(Date of Hearing) (Name of Magistrate, Judge, or Referee)

Purpose of the Request: (Check one)

- For Information Only: Two transcripts will be made
- Motion to Correct Clerical: Three or four transcripts will be made
- Motion for Review: Three or four transcripts will be made
- Appeal to Court of Appeals: Four or five transcripts will be made

Is the County Agency a party in this action? ____ yes ____ no **If yes, provide name and address of the county attorney:** _____

Clearly print your name, address, and a daytime phone number where you can be reached in the area below. The transcriber who will prepare the transcript will contact you by telephone or by mail with the estimated cost of the transcript. Payment for the transcript and all additional copies must be made to the transcriber **before** the transcript is prepared. **Failure to do so may result in your request being cancelled.**

If you cannot afford to pay the transcriber's fee, you may file a request to proceed In Forma Pauperis. See the Instructions page on how to get an In Forma Pauperis application form. **You must send a copy of the order that waives your costs for the transcript to the transcriber as soon as possible to verify that the court will pay for the transcript. Failure to do so may result in your request being cancelled.**

Dated: _____

(Include the other party's name and address below)

Signature
Print Name: _____
Address: _____
City/State/Zip: _____
Telephone: (_____) _____
E-mail address: _____
Attorney for: _____